



ENROLLMENT FOR A SCHOOL OR CHARTER SCHOOL AS A NEW EMPLOYER

State Form 53268 (6-07)

Approved by State Board of Accounts, 2007

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300

Indianapolis, Indiana 46204-2809

Telephone: (317) 232-3680 / (888) 286-3544

Website: www.in.gov/trf

INSTRUCTIONS:

This form is for new School employers, established under IC 20-28-3, or Charter School employers, established under IC 20-24-11. Please forward the completed form prior to reporting wages and contributions for Indiana teachers certified pursuant to Title 515 IAC et seq. employed by your school unit. A representative of the employer must sign to certify that the employer meets eligibility requirements. You must complete all items on this form. Please return the form to the Indiana State Teachers' Retirement Fund at the above address. An employer number will be assigned to your school unit when this application is accepted by the Fund.

Please check one only:

☐ School

☐ Charter School

Name of school		Tax Identification number
If charter school, sponsored by:		
Address (number and street)		
City	State	ZIP Code

Superintendent		Title
Telephone number ()	Fax number ()	E-mail address

Treasurer		Title
Telephone number ()	Fax number ()	E-mail address

Retirement verification (Part II) contact		
Telephone number ()	Fax number ()	E-mail address

Wage and contributions (P31) contact		
Telephone number ()	Fax number ()	E-mail address

The employer is to report the 3% mandatory member contributions on the wages for each respective quarter pursuant to IC 5-10.4-7-7. Refer to the Employer Handbook on the Website for more information regarding quarterly reporting.

Mandatory 3% member contributions will be withheld from the member's salary: <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
If response is no, the employer pays the 3% mandatory contributions and doesn't include the contributions in the wages reported on the member's annual W-2.		
EMPLOYER CERTIFICATION		
Authorized Signature	Title	Date (month, day, year)